Approved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application of Ducket Number 09/163977		
		CLAIMS AS	FILED		lumo 2)	,	SMALL	ENTITY	OR		R THAN ENTITY	
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ं वं स	o odlerence in c	Column 1 is less tha	sii Zelč, el	nter "U" in column (ζ.		JA101	L	Úĸ	TOTAL		
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10	-19-05	/Cathan 11		(Column 2)	(Caluma 3)		****		OR	OTHER	R THAN	
i	<u>-11-03</u>	(Column 1) CLAIMS	 	(Column 2) HIGHEST	(Column 3)	7	SMALL	ENTITY	i		ENTITY	
IT A		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI-		RATE	ADDI-	
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わ -	-12-05	(Column 1)		(Column 2)	(Caluma 2)		ADD C FEE		OR .	ADD'L FEE		
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9	(37 CFR 1.16(c)) Independent	26	Minus	35	=		X \$=		OR	x \$=		
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		(Column 1)		(Column 2)	(Column 3)					· 		
O		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT]	DATE	1551				
		AFTER		PREVIOUSLY PAID FOR	EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
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•	* If the "Highest I	olumn 1 is less tha Number Previously	Paid For	IN THIS SPACE	is less than 20,	, ent		·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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PATENT APPLICATION FEE DETERMINATION RECORD								Applicati	As a valio OWR	control number.
		Appiron	on or Ducket Nu							
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1		CLAIMS AS	FILED	- PART I					OTHE	RTHAN
<u> </u>	· · · · · · · · · · · · · · · · · · ·	(Coli	umn 1)	(Co	lumn 2)	SMALL E	NTITY	OR		ENTITY
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	AL CLAIMS CFR 1.16(c))						S	OR	 	S .
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	.	crains Ab ran	civille	FARCE						
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8-	12-04	T	<u></u>	(Column 2)	(Column 3)	SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY	
A		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT					2.41111
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11.	-18-04	10				133 61 62		ÇIK .	ADD'L FEE	
 	-KO- 07	(Column 1) CLAIMS	·	(Column 2)	(Column 3)					
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Z		AFTER		PREVIOUSLY	EXTRA		TIONAL		RATE	ADDI- TIONAL
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8	FIRST PRESENT	TATION OF MULTIPLE	F DEPEND	ENT CLAIM (37 CE	R 1 16(4))			J. (
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닐		AFTER		PREVIOUSLY	EXTRA		TIONAL		IVALE	TIONAL
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•		olumn 1 is less tha				3.		OR	ADD'L FEE	
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Ducket Number 09 1163 977			
	· 	lumn 2)	SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY						
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	AL CLAIMS CFR 1.16(c))		minus 20			X \$ =		1	x s =	· · · · · · · · · · · · · · · · · · ·		
	INDEPENDENT CLAIMS (37 CFR 1.16(b)) ninus 3 =					X S =		OR	<u> </u>	 		
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9-	30-0		_	(Column 2)	(Column 3)	SMALL E	ENTITY	OR		R THAN . ENTITY		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
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AM	FIRST PRESENT	TATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))			OR	X S=			
 '						+ \$ = TOTAL		OR	+ s =			
10	- 2n - n :	· •				ADD'L FEE		OR	ADD'L FEE	·		
	-30 - D	CLAIMS		(Column 2) HIGHEST	(Column 3)			1		T		
T B		REMAINING AFTER		NUMBER PREVIOUSLÝ	PRESENT EXTRA	RATE	ADDI-	1	RATE	ADDI-		
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MEN	Independent (37 CFR 1.16(b))	6	Minus		= /	x \$=		OR	x s 84 =	86.00		
A	FIRST PRESENT	FATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+\$=		OR	+5 =			
			<u> </u>			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	1.24.08		
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O		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI	1				
N N		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	I TOXIE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
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¥	FIRST PRESENT	TATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+\$ =		OR				
	·				· · · · · ·	TOTAL		1	TOTAL	<u> </u>		
	f the entry in c	olumn 1 is less tha	n the entr	y in column 2, wni	nmulco ni °0° el	ADD'L FEE		OR	ADD'L FEE	L		
	" If the "Highest	Number Previously Number Previously	Paid For	IN THIS SPACE	is less than 20,	enter "20".						

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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									Application or Ducket Number 163977		
		CLAIMS AS	FILED -		unin 2)	SMALL E	SMALL ENTITY		OTHER THAN SMALL ENTITY		
<u> </u>	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		FEE		PATE	565	
	IC FEE CFR 1.16(a))					RATE	-		RATE	<u>ree</u>	
TOT	AL CLAIMS					x \$=	S	OR		S	
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MUL	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							OR	+ s =		
1 1	ne afterence in c	ulumin) is less tha	m zero, en	ter ful in column)	+ \$=	L	OK	TOTAL			
	٥.	initias Abriana	_	FARCE							
4-	-24-01	(Column 1)	PA	(Column 2)	(Column 3)	SMALL E	ENTITY	OR		R THAN ENTITY	
MENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
DME	Total (37 CFR 1.16(c))	29	Minus:	" 20	- 9	x \$ =	ree	OR	x s / S =	162,	
AMEND	Independent (37 CFR 1.16(b))	. 5	Minus	3	2	x \$=		OR	x s 80,=	160,	
A	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+\$ =	-	OR	+ 5 =	, ,	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	322	
4-	30-02	(Column 1)		(Column 2)	(Column 3)	,		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
В		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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AMENDMENT	Independent (37 CFR 1.16(b))	· <u>\$</u>	Minus	" 5°	=	X \$=		OR	x \$=		
8	FIRST PRESENT	TATION OF MULTIPL	E DEPENDE	ENT CLAIM (37 CF	R 1.16(d))	+\$=		OR	+s =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
4.	11-03	(Column 1)		(Column 2)	(Column 3)						
ENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Mi	Total (37 CFR 1.16(c))	29	Minus	["] 29	=	x s =		OR	x \$=		
AMENDMENT	Independent (37 CFR 1.16(b))	5	Minus	··· 5	-	x \$=		OR	x \$=		
\$	FIRST PRESENT	TATION OF MULTIPL	E DEPENDE	ENT CLAIM (37 CF	+\$=		OR	+ \$=			
			•		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Docket Number			
			Substitu	Re for Form PIL	J-875	·		09	/163	977		
		CLAIMS AS	FILED -		lumn 2)	SMALL EN	ITITY	OK		R THAN ENTITY		
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					٤.	101AL [_		Ũĸ	TOTAL	700.		
_		uniliiS Ab Ala	بالم المائد	FARCE								
3-	18-99	(Column 1)	τ	(Column 2)	SMALL EN	ITITY	OR		R THAN ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MOI	Total (37 CFR 1.16(c))	29	Minus-	"25	* 4	x s=		OR	x s /8. =	72.		
Ä	Independent (37 CFR 1,16(6))	5	Minus	··· 4	=	x \$=		OR	× s 78, =	78.		
A	FIRST PRESENT	TATION OF MULTIPLE	E DEPENOI	ENT CLAIM (37 CF	R 1.16(d))	+\$ =		OR		10,		
						TOTAL ADD'L FEE		OR (TOTAL	150.		
6-	-13-00	(Column 1)		(Column 2)	(Column 3)		J		ADD'L FEE	730.		
В		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DW O	Total (37 CFR 1.16(c))	29	Minus	["] 29		x \$=		OR	; ; ; X \$ =	FCC		
AMENDMENT	Independent (37 CFR 1.16(b))	. 2	Minus	" <i>5</i>	=	x \$=		OR	X \$ =			
¥	FIRST PRESENT	TATION OF MULTIPLE	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))	+5 =		OR				
						TOTAL ADD'L FEE		OR (TOTAL			
12-	-29-00	(Column 1)		(Column 2)	(Column 3)	_		UK	ADD'L FEE	L		
O		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
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						TOTAL ADO'L FEE		•	TOTAL			
• • •	'* If the "Highest I * If the "Highest N	column 1 is less that Number Previously Number Previously Tumber Previously F	Paid For	IN THIS SPACE I	is less than 20, o	3. enler "20". nler "3".	e enemodate					
	'* If the "Highest I * If the "Highest N	Number Previously Number Previously	Paid For	IN THIS SPACE I	is less than 20, o	3. enter " 20 ".	e appropriate	OR box in c	ADD'L FEE			

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